Leonard Cheshire Disability

James Burns House - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 10 November and was unannounced. The service is a purpose built residential care home registered to provide care to up to 21 adults with a physical disability. On the day of our inspection there were 21 people using the service of which one person was on a four week respite stay. The building is all on ground floor level and rooms were single occupancy with hand basin facilities. Specialist bathing facilities were available. There were two communal lounges and dining areas and access into a private garden.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff that had completed training and understood what types of abuse people could be at risk from, what signs to look for and the actions they needed to take if they suspected abuse. Relevant checks had been carried out on staff to check they were suitable to work with vulnerable people. There was enough staff with the appropriate training and skills to effectively meet the needs of people living at James Burn House. Staff were supported with regular supervision and an annual appraisal which provided opportunities to discuss their professional development.

People were involved in decisions about how risks they lived with were managed. Risk assessments were regularly reviewed.Actions taken to minimise risk were put in place whilst supporting people to remain independent and have their freedoms and choices respected. Accidents and incidents were investigated and where appropriate led to referrals to other professionals and changes to people's care and support plans. Personal evacuation plans were in place that provided an overview of people should they need to leave the building in an emergency.

People had their medicine stored and administered safely by staff that had received training and had their medicine administration competencies checked annually. When people administered their own medicines a risk assessment had been completed and was regularly reviewed. People had access to healthcare in a timely way and when they needed supported with appointments.

We found the service was working within the principles of the Mental Capacity Act. People were supported by staff to make choices about their day to day care. Deprivation of liberty safeguards had been applied for when people had been assessed as not having the mental capacity to consent to their care. When decisions had been made in peoples best interests they had included staff, families and other professionals and any decisions had been the least restrictive to the person.

People were supported by staff who understood their eating and drinking requirements. Menus provided choices and alternatives were available at any time.

Staff interacted with people in a relaxed and friendly way and knew how to communicate with people in ways that were individual to them. People were involved in decisions about their care and had their views listened too. Advocacy information was available and staff encouraged people to access it when appropriate. People had their privacy, dignity, independence and individuality respected by staff. A complaints procedure was in place that people felt able to use and that they would be listened to and any necessary actions would be taken.

People had care and support plans that provided clear information about how people wanted to be supported and were reviewed with people at least six monthly. Reviews included setting goals with people of things they would like to achieve. People were able to get involved in a range of activities linked to their interests both in the home and the community.

Staff were positive about the service and felt it was well led, communication was effective and they felt empowered to share ideas and views. Systems were in place to monitor service quality which included audits and an annual quality assurance survey. We saw that when improvements had been identified appropriate actions had been taken. .

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained to recognise any signs of abuse and knew the actions they needed to take if they suspected abuse.

People were supported by enough staff to meet their needs.

People had their risks assessed and actions put in place to minimise them whilst ensuring their freedoms and choices.

Staff recruitment included carrying out checks to ensure they were suitable to work with vulnerable people.

People had their medicine stored and administered safely by trained staff.

Is the service effective?

Good

The service was effective.

Staff had an induction and ongoing training that enabled them to carry out their roles effectively.

People were supported within the principles of the Mental Capacity Act.

Staff understood peoples individual eating and drinking requirements and ensured these were met.

People had access to healthcare and were supported to attend appointments.

Is the service caring?

Good

The service was caring.

Staff had positive relationships with people that were relaxed and friendly.

People's individual communication needs were understood by

staff and met.

People had their privacy, dignity and independence respected.

Is the service responsive?

Good

The service was responsive.

Care and support plans provided clear information about how people wanted to be supported and were reviewed regularly.

People had access to activities that were linked to their interests both in the home and the wider community.

People felt listened to if they had a complaint and when a complaint was investigated it led to positive outcomes for people.

Is the service well-led?

Good

The service was well led.

The service had an open and inclusive culture that empowered staff and people to share their ideas and views.

Staff understood their roles and responsibilities.

Quality assurance systems were in place that provided information that was used to drive improvement and positive outcomes for people using the service.

James Burns House - Care Home Physical Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

The inspection took place on the 10 November 2016 and was unannounced. It was carried out by one inspector.

Before the inspection we looked at notifications we had received about the service and also looked at information on their returned PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service and two relatives. We spoke with the registered manager, deputy manager, head of operations, the activities co-ordinator, four support workers and the cook. We also spoke with a specialist nurse and physiotherapist who had experience of the service. We reviewed six peoples care files and discussed with people and care workers their accuracy. We checked three staff files, medication records, management audits, staff and resident meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

Risks to people of skin damage were assessed and some people had specialist pressure air mattresses on their beds which alleviated pressure and minimised the risk of skin damage. The mattresses need to be set in relation to a person's weight in order to get the maximum benefit. When we checked the mattresses we found one had been set incorrectly. We discussed this with the registered manager who told us they would put something in place to ensure settings are checked each time a person goes to bed.

Assessments had been completed that identified risks people experienced. When a risk had been identified actions had been put in place to minimise the risk. People were involved in decisions about how risks they lived with were managed. Risks included lifting and assisting people, accessing the community, skin damage and eating and drinking. We spoke with staff that had a good knowledge of the risks people lived with and their role in reducing risk. Risk assessments were regularly reviewed with people and considered ways that risk could be minimised whilst supporting people to remain independent and have their freedoms and choices respected. Examples included making hot drinks independently, smoking and leaving the building unaccompanied.

People's weight was monitored and risks were discussed with people and any appropriate actions taken. One person had undertaken a successful weight loss plan, another person was at risk of weight loss due to swallowing issues and discussions had started with the person and health professionals about other routes they could receive foods.

People, their families and professionals we spoke with all described the care as safe. One person told us "I feel safe; the staff are kind and know me well". A nurse with experience of the service told us "The care is safe. There isn't such a high turnover of staff which helps". Staff had completed training and understood what types of abuse people could be at risk from, what signs to look for and the actions they needed to take if they suspected abuse. Staff were able to explain how to escalate any concerns about poor practice. A care worker said "If it needed to be reported higher then I would go to the manager. I do feel it would be dealt with".

Accidents and incidents were recorded and reviewed by the registered manager. We saw that they were investigated and actions happened in a timely way. These included contacting a person's GP or other professionals, reviewing risk assessments and making changes to care and support plans to minimise the risk of repeat incidents.

People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

People were supported by enough staff that had been recruited safely. Relevant checks were undertaken before people started work. For example references were obtained and checks were made with the

Disclosure and Baring Service to ensure that staff were safe to work with vulnerable adults.

People had their medicines stored in their rooms. When a medicine needed to be kept below a certain temperature it was stored in a lockable medicines fridge in the dining room. A system had been put in place to record the temperature of the fridge to ensure medicine was being stored safely. We saw that this was not consistently being completed. We discussed this with the deputy manager who told us they would remind staff of the importance of this and introduce a checking system. When people chose and were able to self-administer their own medicines a risk assessment had been completed and was regularly reviewed. This meant that any changes in the person's ability to do this independently could be monitored and practices adjusted when needed. We spoke with one person who self-administered one of their medicines but was having to call staff to support them with opening the packet and adding water to the medicine. We discussed this with the registered manager who told us they would review with the person and make any necessary changes to the care and support plan.

Medicine was administered by trained staff that had their competencies checked annually. We looked at peoples medicine administration records and they had been completed correctly.. Some medicine had been prescribed to be taken as and when, such as pain killers, food supplement drinks and laxatives. Staff had recorded additional information so that there was a record of the time the medicine was taken and why it was given. This meant that people didn't receive unnecessary medicine and its effectiveness was monitored.

Good

Is the service effective?

Our findings

People were supported by staff that had completed an induction and had ongoing training that enabled them to carry out their roles effectively. One person told us "I feel the staff are well trained and understand the support I need". We spoke with an agency care worker about their induction to the service. They told us "I went to the handover and then was shown fire exits, emergency procedures, and met people in their rooms. I feel this is a good place to work". Training had taken place that was specific to people living at the service. One care worker told us "We do a lot of training that is specific to people. It's included mental health awareness which was helpful as a lot of people do have mental health issues. We've pressure care training coming up. We have had a person with a pressure sore and so having refresher training".

Staff received quarterly supervision and an annual appraisal. One care worker told us "I have an annual appraisal and it includes goal setting. I'm aiming to complete my level three diploma in health and social care". The registered manager told us that staff have their competencies checked annually in medicine administration and PEG feeding. A PEG is a tube passed into a person's stomach to provide a means of feeding when oral intake is note adequate.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service was working within the principles of the MCA. People received care that was designed to meet their needs and staff supported people's ability and choices about their day to day care. Most people living in the home were able to make decisions about their care and they did so throughout our inspection. We spoke with one person who told us "I feel I have a voice". We looked at peoples care files and they included a decision making profile. These had been completed with people and included as an example the best times to make decisions. One person had recorded 'Not when I've been out to visit family as I can feel preoccupied and tired'. People or a representative with the authority to make decisions for a person had signed consent forms for care and treatment. Deprivation of Liberty Safeguards had been applied for where a person who needed to live in the home to be cared for safely did not have the mental capacity to consent to this. One person had been assessed as not being safe to access the community on their own and a best interest decision had been taken that had included staff and the person's social worker. Actions had been put into place that were the least restrictive and included an alarm mat at their

bedroom door to alert staff that they may be on the way out and need some support.

People were supported by staff who understood their eating and drinking requirements. We observed people having their lunch and staff were supporting them in line with the care and support plans we had read. This included specialist plates, cups and cutlery in order that people could maintain their independence. People's specialist diets were understood and followed by care workers and the kitchen. This included fortified foods, food textures, allergies and likes and dislikes. We saw a menu in the dining room that included details of common food allergies that were present in each menu choice. Food moulds had been purchased that meant that people who had a soft textured diet could have their food presented in the shape of the food item before it had been pureed. This made the food look more appetising for people which in turn encouraged appetite.

People were offered a choice at each meal time and there were alternatives available if people wanted something different. One person told us "The food is good and always food available. We do have a choice but the menu options never seem to change". Another told us "The menu isn't great. The cook does a wonderful roast dinner and will try and accommodate you. If you fancy something different the (cook) will come and see you and say 'how about this?' I've been looking up some new recipe ideas on my computer". Another told us "The food is OK; I can have something different if I fancy it".

People had access to healthcare in a timely way and when needed supported with appointments. We read that people had regular contact with their GP's, community nurses, opticians, dentists and wellbeing screening clinics.

Good

Is the service caring?

Our findings

People described the staff as caring. One person told us "The care is excellent. Can't be faulted". Another person said "The staff are fun but can be serious when it's needed". A relative told us "In general the care home is a lovely place to be. Staff are happy and they give 110%". One person had been unwell and told us "Yesterday I didn't leave my room and the staff kept popping in to see if I needed anything".

We observed staff interacting with people in a relaxed and friendly way. Staff were aware of people's histories, things that interested them and hobbies. This meant that staff could have conversations with people about things that were important and of interest to them. One care worker told us "You can't do the role without getting to know the people you're working with".

Staff knew how to communicate with people in ways that were individual to them. Each person had an individual communication plan. It included details such as whether they were comfortable with eye contact, happy for others to complete their sentences and the person they found it the easiest to communicate with. We observed staff used appropriate non-verbal communication to demonstrate listening and to check people understood them. For example talking with people at eye level and using hand gestures and facial expressions. One person at times wasn't able to clearly express themselves verbally and had an alphabet board so that they could spell out words.

One person told us "I feel involved in decisions about my care; It happens all the time". We observed staff offering choices and seeking the views of people throughout the day. We read records where one person had been involved in decisions about having support from a volunteer. The record included the person's views on what they would like, when and for what and also the option of whether they would like to be involved in the recruitment of a person. The registered manager told us about a recent night policy that had been written with people using the service. The policy detailed what night time conduct was expected from staff and people using the service. In another example people had been sent a questionnaire gathering their views on what to expect from a keyworker. Advocacy information was available and staff encouraged people to access it when appropriate.

People had their privacy and dignity respected. People's rooms were personalised and reflected the person's individuality. Staff demonstrated respect by knocking on people's doors and waiting to be asked to enter, provided personal care discreetly and provided support at a person's pace. People were supported to be independent. Examples included people making drinks and keeping their living space tidy. One person told us "Staff support me in being independent such as getting equipment sorted if needed".

Good

Is the service responsive?

Our findings

Assessments had been completed before a person moved into the service and this information had been used to form their care and support plan. The plans contained clear information about people's assessed needs and the actions staff needed to take to support people. Plans were focused on supporting people with their independence and respecting their choices and dignity.

Plans were reviewed at least six monthly with people. We read review notes that recorded discussions with people about what was and wasn't working for them. Reviews included people discussing their ambitions and setting goals. One person's read that they wanted to be more independent and look after their room themselves. Another person wanted to visit a family member each week. When we spoke with people they were able to tell us that staff had supported them to achieve these goals. One person told us "Staff recognise any changes with me and help sort it out". We spoke with a visiting nurse who told us "The staff will signpost to us and ask advise. There was a person with a complex health condition. They listened to us and followed through our recommendations".

People were able to get involved in activities of their choice both inside the home and in the local community. We spoke with the activities co-ordinator who told us "Every six months I go and talk with people about things they would like to do". We looked at one review and the person had been windsurfing, surfboarding, played golf and had days out at local attractions. Another person attended church weekly; another person visited a relative each week. We spoke with one person who said "I'm so busy I really don't know where the time goes". We saw photographs on the wall of people spending time at a beach hut and out on a boat trip. People had access to Wi-Fi and some had computers in their rooms and there was also a communal computer in the lounge. The activities co-ordinator told us there were two volunteers who also supported people to access the community. Some people alongside staff had competed in a national charity fun run. We spoke with one person who told us "I did the Race for Life for my mum; I couldn't have done it without the staff helping".

People and their relatives told us they knew how to make a complaint and felt they would be listened too. One person told us they had raised a complaint about noise from another person. They said "I brought it up with management and they have come up with a solution I'm happy with". Another told us "If I was concerned I would be listened to and they would do something about it".

We looked in the complaints log and saw that complaints had been recorded, investigated and actions taken. One complaint had been about medication being delayed after being delivered from the pharmacist. The investigation had found areas for improvement and reviewed the medicines protocol to minimise the issue occurring again. We read staff meeting minutes and saw that the lessons learnt from the medicine complaint had been shared with the staff team.

Good

Is the service well-led?

Our findings

People and staff told us that the felt the service was well led. One person told us "The home is well organised. If I see the manager and if I had a concern I could talk to them. They can be laughing and joking one minute but if it was serious they get things done". Another person said "If I had a worry I would speak to (registered manager). they are a very good manager". A care worker told us "I feel supported. The registered manager has been wonderful over the years. She looks after her staff". Another told us "I speak to the registered manager on a day to day basis, their door is always open. It's a really good team and the home is run well. We get information about the business through emails, staff monthly meeting, the communication book, noticeboards and handovers". Another said "communication in general is good. Information is always cascaded between the management team and staff and vice versa". In the foyer there were copies of a quarterly newspaper that the organisation produced to share information with people and staff.

Staff felt positive about the organisation and felt empowered to share ideas and views. One care worker told us "The registered manager recently asked me and a colleague to take responsibility for infection control. One of my suggestions was for one of the night staff to join the team as they do a lot of cleaning and we now have a rota for cleaning so we know what's been done". Staff felt appreciated by the management team. One care worker told us "The registered manager is so good. If it's been a busy time we get a nice e-mail thanking us; I feel fully appreciated".

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Systems were in place to monitor service quality. When people had a respite stay they were asked to complete a survey providing feedback on their experience. We read one that said "I love it because when you walk through the door you feel its family orientated. A lovely atmosphere, everybody is welcome including pets". An annual quality assurance survey was sent out to people and the overall feedback was very positive. We read resident meeting minutes and saw that people had the opportunity to give their views on smoking, menus, equipment for the home and activities.

Audits had been completed regularly by the registered manager and the operations manager. They included medicine, care and support plans, health and safety, infection control and residents finances. We saw that when improvements were needed actions had been put in place. The infection control audit had found that bins didn't have lids and they needed to be closed and this had taken place.